

AFTER-SCHOOL ACHIEVEMENT PROGRAM  
PROGRAM COMPONENTS REPORT

Contractor: \_\_\_\_\_

Date of report: \_\_\_\_\_

Reporting Month: \_\_\_\_\_

Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Total days ASAP operated in month: \_\_\_\_\_

Hours program operated each day (average): \_\_\_\_\_

Total hours ASAP operated for month: \_\_\_\_\_

ATTACH A SCHEDULE OF ACTIVITIES

Activity Name	When Offered (days & times)	Staff (name/s)	# Participants	ASAP Component(s) (check all that apply)	Brief Description
				<div><div>___</div>academic</div> <div><div>___</div>personal skills</div> <div><div>___</div>enrichment</div> <div><div>___</div>com. involvement</div>	
				<div><div>___</div>academic</div> <div><div>___</div>personal skills</div> <div><div>___</div>enrichment</div> <div><div>___</div>com. involvement</div>	
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THIS REPORT DUE TO ASAP PROGRAM OFFICE ON THE 15<sup>th</sup> WORKING DAY OF EACH MONTH.